

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90399 038 \*\*\*\*61.25

**DOCUMENT # 719616**

1. Entity Name

PRESBYTERIAN CHURCH OF SEBRING, INC.



Principal Place of Business

319 POINSETTIA AVE  
SEBRING FL 33870

Mailing Address

319 POINSETTIA AVE  
SEBRING FL 33870



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0774185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

PEER, DARRELL A  
319 POINSETTIA AVE  
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TPD ☐ Delete  
NAME BAILEY, JOSEPH  
STREET ADDRESS 9120 CR 17 SOUTH  
CITY-ST-ZIP SEBRING FL 33876

TITLE TR ☐ Delete  
NAME WALTERS, JAMES E  
STREET ADDRESS 3516 SUNRISE DRIVE  
CITY-ST-ZIP SEBRING FL 33872

TITLE VTR ☐ Delete  
NAME VICKERS, ROBERT L  
STREET ADDRESS 1228 STENEWAHEE AVE  
CITY-ST-ZIP SEBRING FL

TITLE TRS ☒ Delete  
NAME SCARPATI, AL  
STREET ADDRESS 2321 N.W. LAKEVIEW DR.  
CITY-ST-ZIP SEBRING FL 33870

TITLE T ☐ Delete  
NAME VILLERE, PATRICIA A  
STREET ADDRESS 2303 PASCO DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME TRS  
STREET ADDRESS McCord, Neal  
CITY-ST-ZIP 4102 Duffer Road  
Sebring, FL 33872

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Neal G. McCord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #